

Consent To Surgery or Special Procedure



TO: _____ (name of patient)

1. Your physicians and surgeons have recommended the following operation or procedure:

Upon your authorization and consent, this operation or procedure, together with any different or further procedures which in the opinion of the supervising physician or surgeon may be indicated due to any emergency, will be performed on you. The operations or procedures will be performed by the supervising physician or surgeon named below (or in the event that that physician is unable to perform or complete the procedure, a qualified substitute supervising physician or surgeon), together with associates and assistants, including anesthesiologists, pathologists and radiologists from the medical staff of Palm Drive Hospital to whom the supervising physician or surgeon may assign designated responsibilities. The hospital maintains personnel and facilities to assist your physicians and surgeons in their performance of various surgical operations and other special diagnostic or therapeutic procedures. However, the persons in attendance for the purpose of performing specialized medical services such as anesthesia, radiology or pathology are not employees or agents of the hospital or of your supervising physician or surgeon. They are independent contractors.

2. You have the right to be informed of the name of each doctor or practitioner performing significant surgical tasks during your operation. The following doctors or practitioners are expected to be performing the following significant surgical tasks:

Your surgeon is Dr. _____ Task: _____.

Your assistant physician is Dr. _____ Task: _____.

These physicians are not employees or agents of the hospital. They are independent contractors.

3. These operations and procedures carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operation or procedure, and the available alternative methods of treatment and their risks and benefits. You also have the right to be informed whether your physician has any independent medical research or economic interests related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to consent to or to refuse any proposed operation or procedure at any time prior to its performance.

4. If your physician determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consenting, your physician

Consent to Surgery or Special Procedure

will inform you of this and will provide you with a brochure regarding blood transfusions. This brochure contains information concerning the benefits and risks of the various options for blood transfusions, including pre-donation by yourself or others. You also have the right to have adequate time before your procedure to arrange for pre-donation, but you can waive this right if you do not wish to wait.

You should understand that transfusions of blood or blood products involve certain risks, including the transmission of disease such as hepatitis or Human Immunodeficiency Virus (HIV) and that you have a right to consent or refuse consent to any transfusion. You should discuss any questions that you may have about transfusions with your physician.

5. By your signature below you authorize the pathologist to use his or her discretion in disposition or use of any member, organ, or other tissue removed from your person during the operation or procedure set forth above, subject to the following conditions (if any):

6. Your signature on this form indicates that: (a) you have read and understood the information provided in this form, (b) the operation or procedure and its risks, benefits and alternatives have been adequately explained to you by Dr. _____, (c) you have had a chance to ask your doctor(s) questions, (d) you have received all of the information you desire concerning the operation or procedure, and (e) you authorize and consent to the performance of the operation or procedure.

Date: _____ Time: _____ am / pm Signature: _____

If signed by other than patient, CIRCLE relationship: Spouse Regis. Domestic Partner
Parent Guardian / Conservator Attorney-in-fact Emancipated Minor

Witness: _____, RN/LVN/PHY Translator: _____

ANESTHESIA

Your anesthesia provider, _____, has discussed with you, your options for anesthesia, up to and including general anesthesia.

Your signature below indicates that:

- 1) The anesthesia options set forth above and their risks, benefits, and alternatives have been adequately explained to you by your anesthesia provider;
- 2) You have had a chance to ask questions of your anesthesia provider;
- 3) You have received all of the information you desire concerning the anesthesia; and
- 4) You authorize and consent to the anesthetic.
- 5)

Date: _____ Time: _____ am / pm Signature: _____

If signed by other than patient, CIRCLE relationship: Spouse Regis. Domestic Partner
Parent Guardian / Conservator Attorney-in-fact Emancipated Minor

Witness: _____, RN/LVN/PHY Translator: _____